

## **Waiver List for Wisconsin BadgerCare Program**

### **I. Title XIX Waivers**

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in this list, shall apply to the demonstration project. The following waivers are approved for a 3-year period beginning April 1, 2004:

1. Retroactive Eligibility Section 1902(a)(34)

The requirement to provide medical assistance for up to 3 months prior to the date that an application for assistance is made is waived for children under the State Plan who are optional, targeted, low-income as defined in section 1905(u)(2)(B) of the Social Security (the Act).

### **Costs Not Otherwise Matchable**

Under the authority of section 1115(a)(2) of the Act, expenditures made by the State for the items identified below (which are not otherwise included as expenditures under section 1903) shall, for the period of this extension, be regarded as expenditures under the State's title XIX Plan.

1. Expenditures to provide Medicaid coverage to children ages 6 to age 19 who have net family incomes above 100 percent through 200 percent of the Federal poverty level (FPL) and who are optional, targeted, low-income children as defined in section 1905(u)(2)(B) (Demonstration Population 1).
2. Expenditures to provide Medicaid coverage to custodial parents of children who are eligible under the State plan or included in Demonstration Population 1, and the spouses of these custodial parents, with net family incomes through 100 percent of the FPL (Demonstration Population 2).
3. Expenditures to provide Medicaid coverage to custodial parents of children who are eligible under the State Plan or included in Demonstration Population 1, and the spouses of these custodial parents, with net family incomes above 100 percent through 200 percent of the FPL (Demonstration Population 3).

## **Exceptions to Medicaid Requirements for the Demonstration Populations**

1. Exceptions Reflecting Existing Waivers – The following waivers will apply to the demonstration populations under this demonstration to the same extent as they apply to the population eligible under the State Plan:

- a. Freedom of Choice Section 1902(a)(23)

To enable the State to restrict freedom-of-choice of providers.

- b. Comparability of Services Section 1902(a)(10)(B)

To enable the State to offer additional benefits such as case management and health education not available to Medicaid beneficiaries not enrolled in the waiver program.

2. Additional Exceptions – The following exceptions to Medicaid requirements are approved only for the demonstration populations:

- a. Eligibility Section 1902(a)(17)  
Section 1902(a)(34)  
Section 1931(b)

To enable the State to determine eligibility based on standards and methods that vary from those permitted under title XIX; to enable the State to exclude from Medicaid eligibility certain individuals otherwise required to be treated as receiving aid or assistance under a State plan approved under Part A of title IV; and to not provide retroactive eligibility.

- b. Providing Medical Assistance Section 1902(a)(10)

To enable the State to extend eligibility for medical assistance to a category of individuals who would not otherwise be considered a reasonable category by extending eligibility to the demonstration population, except for individuals who voluntarily terminated private health insurance coverage within the prior 6 months of applying for the State's SCHIP.

- c. Retroactive Eligibility Section 1902(a)(34)

To enable the State to provide retroactive eligibility for individuals in the demonstration population who had voluntarily terminated private health insurance coverage within the prior 6 months of applying for the State's SCHIP.

d. Reasonable Promptness

Section 1902(a)(34)

To enable the State to not furnish medical assistance with reasonable promptness, to the extent that the State excludes individuals from eligibility who have voluntarily terminated private health insurance coverage within the prior 6 months of applying for the State's SCHIP.

e. Cost-Sharing Limitations

Section 1916(a)

To enable the State to impose cost sharing on the demonstration populations in excess of the amounts permitted under title XIX but no more than the amounts that would be allowed under title XXI of the Act.

## **II. Title XXI Waivers**

All the requirements of the SCHIP program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable, shall apply to Demonstration Population 3. The following authority is approved effective April 1, 2004, through March 31, 2007.

### **Costs Not Otherwise Matchable**

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would not otherwise be regarded as expenditures under title XXI will be regarded as expenditures under the state's title XXI plan:

1. Expenditures to provide coverage that meets the requirements of section 2103 of the Act and is equal to the BadgerCare coverage package, to individuals who are: 1) custodial parents of children who are eligible under the title XIX State Plan or included in Demonstration Population 1, and the spouses of these custodial parents; 2) have net family incomes above 100 percent through 200 percent of the FPL; and 3) are eligible for Medicaid but only under BadgerCare (Demonstration Population 3).

### **SCHIP Requirements Not Applicable to Demonstration Population 3:**

1. General Requirements, Eligibility, and Outreach

Section 2102

The State child health plan does not have to reflect the demonstration population, and eligibility standards do not have to be limited by the general principles in section 2102(b). To the extent other requirements in section 2102 duplicate Medicaid or other SCHIP requirements for this or other populations, they do not apply, except that the State must perform eligibility screening in order to ensure that the demonstration population does not include individuals otherwise eligible for Medicaid.

2.     Restrictions on Coverage and Eligibility to Targeted             Section 2103  
          Low-Income Children   Section 2110

Coverage and eligibility for this demonstration population are not restricted to targeted low-income children.

3.     Federal Matching Payment and Family Coverage Limits             Section 2105

Federal matching payments are available in excess of the 10 percent cap for expenditures related to the demonstration population, and limits on family coverage are not applicable. Federal matching payments remain limited by the allotment determined under section 2104, and for expenditures other than on the demonstration population, are limited in accordance with section 2105(c).

4.     Annual Reporting Requirements   Section 2108

Annual reporting requirements do not apply to the demonstration population.